



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		64945.94
(b) Cash on Hand at Beginning of Reporting Period.....	62426.94	
(c) Total Receipts (from Line 19) .....	16492.00	50473.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78918.94	115418.94
7. Total Disbursements (from Line 31).....	17500.00	54000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61418.94	61418.94
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16492.00	47769.00
(ii) Unitemized .....	0.00	2704.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16492.00	50473.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16492.00	50473.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16492.00	50473.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16492.00	50473.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	54000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17500.00	54000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	54000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16492.00	50473.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16492.00	50473.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

Transaction ID : **SA11AI.4597**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2011**

Transaction ID : **SA11AI.4620**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

Transaction ID : **SA11AI.4651**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHNATHAN BLAU**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4565**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHNATHAN BLAU**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4598**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHNATHAN BLAU**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4628**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. TROY CALLENDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3413 GOLDEN ROAD

City TYLER	State TX	Zip Code 75701
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
768.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

**Transaction ID : SA11AI.4592**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. TROY CALLENDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3413 GOLDEN ROAD

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
868.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2011

**Transaction ID : SA11AI.4623**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. TROY CALLENDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3413 GOLDEN ROAD

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1002.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.4654**

Amount of Each Receipt this Period  
134.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	334.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. AARON CALODNEY**

Mailing Address 17909 CR 132

City FLINT	State TX	Zip Code 75762
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2222.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4566**

Amount of Each Receipt this Period  
290.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. AARON CALODNEY**

Mailing Address 17909 CR 132

City FLINT	State TX	Zip Code 75762
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2512.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4599**

Amount of Each Receipt this Period  
290.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. AARON CALODNEY**

Mailing Address 17909 CR 132

City FLINT	State TX	Zip Code 75762
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2898.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4629**

Amount of Each Receipt this Period  
386.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	966.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. JOHN CAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1602.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period  
 209.00

CONTRIBUTION

**B. JOHN CAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1811.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011

**Transaction ID : SA11AI.4618**

Amount of Each Receipt this Period  
 209.00

CONTRIBUTION

**C. JOHN CAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.4649**

Amount of Each Receipt this Period  
 279.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	697.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2248.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2011

**Transaction ID : SA11AI.4567**

Amount of Each Receipt this Period  
293.00

CONTRIBUTION

**B. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2541.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2011

**Transaction ID : SA11AI.4600**

Amount of Each Receipt this Period  
293.00

CONTRIBUTION

**C. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2932.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

**Transaction ID : SA11AI.4630**

Amount of Each Receipt this Period  
391.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	977.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial) <b>A. GUY DANIELSON</b>			Date of Receipt MM / DD / YYYY 07 / 29 / 2011 <b>Transaction ID : SA11AI.4569</b>
Mailing Address 16950 FM 2661			Amount of Each Receipt this Period 83.00
City FLINT	State TX	Zip Code 75762	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 664.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. GUY DANIELSON</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2011 <b>Transaction ID : SA11AI.4601</b>
Mailing Address 16950 FM 2661			Amount of Each Receipt this Period 83.00
City FLINT	State TX	Zip Code 75762	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 747.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GUY DANIELSON</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.4631</b>
Mailing Address 16950 FM 2661			Amount of Each Receipt this Period 83.00
City FLINT	State TX	Zip Code 75762	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 830.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. ROBERT DENNIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1008 WILDER WOOD

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2061.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : SA11AI.4570**

Amount of Each Receipt this Period  
 269.00

CONTRIBUTION

**B. ROBERT DENNIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1008 WILDER WOOD

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2011

**Transaction ID : SA11AI.4602**

Amount of Each Receipt this Period  
 269.00

CONTRIBUTION

**C. ROBERT DENNIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1008 WILDER WOOD

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2688.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.4632**

Amount of Each Receipt this Period  
 358.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	896.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 37 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. PAUL DETWEILER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3635 CANYON CREEK CIRCLE

City TYLER	State TX	Zip Code 75707
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1693.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

**Transaction ID : SA11AI.4571**

Amount of Each Receipt this Period  
221.00

CONTRIBUTION

**B. PAUL DETWEILER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3635 CANYON CREEK CIRCLE

City TYLER	State TX	Zip Code 75707
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1914.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2011

**Transaction ID : SA11AI.4603**

Amount of Each Receipt this Period  
221.00

CONTRIBUTION

**C. PAUL DETWEILER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3635 CANYON CREEK CIRCLE

City TYLER	State TX	Zip Code 75707
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.4633**

Amount of Each Receipt this Period  
294.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	736.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. KIM FOREMAN**

Mailing Address 107 BELMEAD LANE

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
728.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4589**

Amount of Each Receipt this Period  
95.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KIM FOREMAN**

Mailing Address 107 BELMEAD LANE

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
823.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4619**

Amount of Each Receipt this Period  
95.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KIM FOREMAN**

Mailing Address 107 BELMEAD LANE

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
949.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
126.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 316.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. HOWARD GARB**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
698.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4593**

Amount of Each Receipt this Period  
91.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. HOWARD GARB**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
789.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4624**

Amount of Each Receipt this Period  
91.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HOWARD GARB**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4655**

Amount of Each Receipt this Period  
121.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 303.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
FLINT TX 75762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2163.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4572**

Amount of Each Receipt this Period  
282.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
FLINT TX 75762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2445.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4604**

Amount of Each Receipt this Period  
282.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
FLINT TX 75762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2822.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4634**

Amount of Each Receipt this Period  
377.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 941.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. CHARLES GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7302 HOLLYTREE DRIVE

City TYLER State TN Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

**B. CHARLES GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7302 HOLLYTREE DRIVE

City TYLER State TN Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011

**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

**C. CHARLES GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7302 HOLLYTREE DRIVE

City TYLER State TN Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.4635**

Amount of Each Receipt this Period  
 400.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City TYLER State TN Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2222.00

Date of Receipt  
07 / 29 / 2011  
**Transaction ID : SA11AI.4574**

Amount of Each Receipt this Period  
290.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City TYLER State TN Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2512.00

Date of Receipt  
08 / 29 / 2011  
**Transaction ID : SA11AI.4606**

Amount of Each Receipt this Period  
290.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City TYLER State TN Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2898.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : SA11AI.4636**

Amount of Each Receipt this Period  
386.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 966.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. DUANE GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7113 TURNBERRY CIRCLE  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : SA11AI.4595**  
 Amount of Each Receipt this Period 85.00  
 CONTRIBUTION

**B. DUANE GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7113 TURNBERRY CIRCLE  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 08 / 29 / 2011  
**Transaction ID : SA11AI.4626**  
 Amount of Each Receipt this Period 85.00  
 CONTRIBUTION

**C. DUANE GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7113 TURNBERRY CIRCLE  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 848.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.4657**  
 Amount of Each Receipt this Period 113.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 283.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. MARK HACKBARTH**

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code  
TYLER TX 75707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
983.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4575**

Amount of Each Receipt this Period  
128.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARK HACKBARTH**

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code  
TYLER TX 75707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1111.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4607**

Amount of Each Receipt this Period  
128.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARK HACKBARTH**

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code  
TYLER TX 75707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4637**

Amount of Each Receipt this Period  
171.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 427.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4576**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4608**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4638**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. STEUART HEATON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3413 GOLDEN ROAD

City TYLERT	State TX	Zip Code 75701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

**Transaction ID : SA11AI.4591**

Amount of Each Receipt this Period  
83.00

CONTRIBUTION

**B. STEUART HEATON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3413 GOLDEN ROAD

City TYLERT	State TX	Zip Code 75701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
747.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2011

**Transaction ID : SA11AI.4622**

Amount of Each Receipt this Period  
83.00

CONTRIBUTION

**C. STEUART HEATON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3413 GOLDEN ROAD

City TYLERT	State TX	Zip Code 75701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.4653**

Amount of Each Receipt this Period  
83.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. JEFF HUNTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3415 GOLDEN ROAD  
 City TYLER State TX Zip Code 75701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : SA11AI.4594**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**B. JEFF HUNTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3415 GOLDEN ROAD  
 City TYLER State TX Zip Code 75701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 29 / 2011  
**Transaction ID : SA11AI.4625**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**C. JEFF HUNTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3415 GOLDEN ROAD  
 City TYLER State TX Zip Code 75701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.4656**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. MATT JONES**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4590**

Amount of Each Receipt this Period  
83.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MATT JONES**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
747.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4621**

Amount of Each Receipt this Period  
83.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MATT JONES**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4652**

Amount of Each Receipt this Period  
83.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial) <b>A. JON LEDLIE</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 <b>Transaction ID : SA11AI.4577</b>
Mailing Address 6166 QUAIL CREEK		Amount of Each Receipt this Period 167.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1336.00	

Full Name (Last, First, Middle Initial) <b>B. JON LEDLIE</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2011 <b>Transaction ID : SA11AI.4627</b>
Mailing Address 6166 QUAIL CREEK		Amount of Each Receipt this Period 167.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1503.00	

Full Name (Last, First, Middle Initial) <b>C. JON LEDLIE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.4641</b>
Mailing Address 6166 QUAIL CREEK		Amount of Each Receipt this Period 167.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1670.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 27 OF 37
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : SA11AI.4578**

Amount of Each Receipt this Period  
291.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2522.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011

**Transaction ID : SA11AI.4609**

Amount of Each Receipt this Period  
291.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.4639**

Amount of Each Receipt this Period  
388.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	970.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial) <b>A. JOHN PRIDDY</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 <b>Transaction ID : SA11AI.4587</b>
Mailing Address 17950 TIMOTHY CT.		Amount of Each Receipt this Period 138.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1058.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN PRIDDY</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2011 <b>Transaction ID : SA11AI.4617</b>
Mailing Address 17950 TIMOTHY CT.		Amount of Each Receipt this Period 138.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1196.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN PRIDDY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.4648</b>
Mailing Address 17950 TIMOTHY CT.		Amount of Each Receipt this Period 184.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	460.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial) <b>A. TODD RAABE</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 <b>Transaction ID : SA11AI.4580</b>
Mailing Address 16987 FM 756		Amount of Each Receipt this Period 373.00
City WHITEHOUSE	State TX	Zip Code 75791
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2861.00	

Full Name (Last, First, Middle Initial) <b>B. TODD RAABE</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2011 <b>Transaction ID : SA11AI.4610</b>
Mailing Address 16987 FM 756		Amount of Each Receipt this Period 373.00
City WHITEHOUSE	State TX	Zip Code 75791
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3234.00	

Full Name (Last, First, Middle Initial) <b>C. TODD RAABE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.4640</b>
Mailing Address 16987 FM 756		Amount of Each Receipt this Period 498.00
City WHITEHOUSE	State TX	Zip Code 75791
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3732.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1244.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. MARK RENFRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2737 OLD BULLARD ROAD

City TYLER State TX Zip Code 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : SA11AI.4581**

Amount of Each Receipt this Period  
 232.00

CONTRIBUTION

**B. MARK RENFRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2737 OLD BULLARD ROAD

City TYLER State TX Zip Code 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2012.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011  
**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period  
 232.00

CONTRIBUTION

**C. MARK RENFRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2737 OLD BULLARD ROAD

City TYLER State TX Zip Code 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2322.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.4642**

Amount of Each Receipt this Period  
 310.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 774.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. MICHAEL RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5930 BRIXWORTH  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2147.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : SA11AI.4582**  
 Amount of Each Receipt this Period 280.00  
 CONTRIBUTION

**B. MICHAEL RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5930 BRIXWORTH  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2156.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : SA11AI.4583**  
 Amount of Each Receipt this Period 9.00  
 CONTRIBUTION

**C. MICHAEL RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5930 BRIXWORTH  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2436.00

Date of Receipt 08 / 29 / 2011  
**Transaction ID : SA11AI.4612**  
 Amount of Each Receipt this Period 280.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 569.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL RUSSELL</b>		Date of Receipt
Mailing Address 5930 BRIXWORTH		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4613</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="9.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2445.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL RUSSELL</b>		Date of Receipt
Mailing Address 5930 BRIXWORTH		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4643</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="373.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2818.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL RUSSELL</b>		Date of Receipt
Mailing Address 5930 BRIXWORTH		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4644</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="13.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2831.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="395.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. WILLIAM SCHREIBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6407 HOLLYTREE CIRCLE  
 City TYLER State TN Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : SA11AI.4584**  
 Amount of Each Receipt this Period 83.00  
 CONTRIBUTION

**B. WILLIAM SCHREIBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6407 HOLLYTREE CIRCLE  
 City TYLER State TN Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt 08 / 29 / 2011  
**Transaction ID : SA11AI.4614**  
 Amount of Each Receipt this Period 83.00  
 CONTRIBUTION

**C. WILLIAM SCHREIBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6407 HOLLYTREE CIRCLE  
 City TYLER State TN Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.4645**  
 Amount of Each Receipt this Period 83.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. JERRY SCHWARZBACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 8304 COLUMBIA DRIVE

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : SA11AI.4585**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**B. JERRY SCHWARZBACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 8304 COLUMBIA DRIVE

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011

**Transaction ID : SA11AI.4615**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C. JERRY SCHWARZBACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 8304 COLUMBIA DRIVE

City TYLER State TX Zip Code 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.4646**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. CLAIRE TIBILETTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 16690 DRIFTWOOD

City TYLER State TX Zip Code 75707

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : SA11AI.4586**

Amount of Each Receipt this Period  
 167.00

CONTRIBUTION

**B. CLAIRE TIBILETTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 16690 DRIFTWOOD

City TYLER State TX Zip Code 75707

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2011

**Transaction ID : SA11AI.4616**

Amount of Each Receipt this Period  
 167.00

CONTRIBUTION

**C. CLAIRE TIBILETTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 16690 DRIFTWOOD

City TYLER State TX Zip Code 75707

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1670.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.4647**

Amount of Each Receipt this Period  
 167.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16492.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. DEWHURST FOR TEXAS**

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2011

Transaction ID : SB23.4669

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement  
BREAKFAST HONORING CONGRESSMAN DIANE BLACK

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2011

Transaction ID : SB23.4658

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SAM JOHNSON**

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 03

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2011

Transaction ID : SB23.4660

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT NICHOLS**

Mailing Address P.O. BOX 2347

City JACKSONVILLE State TX Zip Code 75766

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2011

Transaction ID : SB23.4667

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. RICKPERRY.ORG INC**

Mailing Address PO BOX 12726

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement  
DALLAS AUGUST 30TH RECEPTION CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2011

Transaction ID : SB23.4662

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. RICKPERRY.ORG INC**

Mailing Address PO BOX 12726

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement  
DALLAS AUGUST 30TH RECEPTION CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2011

Transaction ID : SB23.4664

Amount of Each Disbursement this Period

2500.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00

17500.00